



Health Homes Webinar Series:
Preparedness & Planning Tool
Questions & Answers
February 18, 2014

General

Q1: You mentioned that subcontractors must fill out the application. If we are going to subcontract with an agency that is contracting with the MCOs, for prevention services only, the tool does not seem to apply.

A1: If you are subcontracting to provide one of the Six Core Services then you must submit the Tool. You may indicate in the Tool that you are only interested in subcontracting for a specific Core Service.

Q2: Will there be a limited number of HHPs?

A2: Becoming an HHP is contingent upon your ability to fulfill the requirements and successfully contract with one or more MCOs to provide Health Home services. We do not have a specific number of HHPs in mind.

Q3: Health Homes are for children also, correct?

A3: Yes. Children may also qualify for Health Homes

Q4: When can we get an idea of payment rates for providing services?

A4: Draft payment rates for SMI Health Homes have been shared publicly and are posted on the Health Homes website. You can access a slide show about the rates at:

http://www.kancare.ks.gov/health_home/download/jan_21_2014_meeting/health_homes_01-21-2014_pymt_draft_rates.pdf

Section 1: Understanding Your Population

Q5: How are Mental Health Centers going to determine all primary care diagnosis in our catchment areas? Would the MCOs provide this to us?

A5: We are asking for the top five diagnoses for the members that you serve whether or not those are mental health or primary care diagnoses, you should be able to provide those.

Q6: On the diagnoses, is grouping of diagnosis wanted? For example, do we group together all major depression diagnosis since there are so many variations?

A6: You may group your diagnoses but please be prepared to ungroup these diagnoses if the MCO requests this information in the course of establishing a contract.

Q7: Do you want total individuals seen in the targeted population or all individuals seen by the agency? (Medicaid population only?)

A7: Please report all individuals seen.



Q8: Total of all clients served or those that would qualify (SMI) as HH clients?

A8: Total number of clients served should be reported.

Q9: Do we want all data for 12 months or totals?

A9: We would like 12 months of data.

Section 3 – Health Homes Health Information Technology

Q10: Where can we get details on what it means to have an interoperable EHR?

A10: Interoperability is the ability of two or more systems to *exchange* health information and *use* the information once it has been received. For more information please visit this website: <http://www.healthit.gov/>

Q11: I assume the MCOs have an EHR. Will it be the preference of the MCO for the HHP to use their EHR or to have their own EHR?

A11: The MCO may provide some limited methods for HHPs to share information. However, our expectation is that eventually all HHPs will have interoperable EHRs.

Section 4 – Health Homes Provider Standards

Q12: Can you please define “substance use disorder provider”?

A12: This is a provider licensed by the State to provide treatment for substance use (e.g. alcohol and drug abuse) disorders. Please refer to the resources on the Health Homes website for a complete and thorough discussion of Provider Standards. The State Plan Amendment is available at:

http://www.kancare.ks.gov/health_home/download/jan_21_2014_meeting/health_homes_01-21-2014_pymt_draft_rates.pdf

You may also find it useful to read through the SMI Health Homes Provider Requirements:

http://www.kancare.ks.gov/health_home/download/KanCare_SMI_Health_Homes_Provider_Requirements.pdf

And the SMI Health Homes Services and Professional Requirements:

http://www.kancare.ks.gov/health_home/download/KanCare_SMI_Health_Homes_Services_and_Professional_Requirements.pdf